

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 25-NOV-2016		TIME 00:25:00	2. ADDRESS OF OCCURRENCE 3558 W HARRISON ST CHICAGO, IL 60624			3. LOCATION CODE 304	4. BEAT/OCCUR 1133	5. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BWC <input type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO		
MEMBER INVOLVED <input type="checkbox"/> DNA SUBJECT INFORMATION	6. POSITION 9161	7. LAST NAME PAGE	8. FIRST NAME RICKY L	9. STAR NO. 11349	10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	11. RACE CODE BLK	12. AGE [REDACTED]	13. HT. 602	14. WT. 195	
	15. DATE OF APPT. 15-MAR-2013	16. EMPLOYEE NO. [REDACTED]	17. UNIT & BEAT OF ASSIGNMENT 011 1163A	18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	19. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	20. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
	21. LAST NAME MITCHELL	22. FIRST NAME CLEOTHA	23. M.I. [REDACTED]	24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	25. RACE BLK	26. D.O.B. 11-MAY-1979	27. HT. 508	28. WT. 190		
	29. ADDRESS 1239 S CALIFORNIA BLVD , Apt 1 CHICAGO, IL 60623		30. TELEPHONE NO. [REDACTED]	31. WAS SUBJECT ARMED? OTHER (SPECIFY), <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No FIREARM - SEMI-AUTOMATIC	32. SUBJECT INJURED BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	33. SUBJECT ALLEGED INJURY BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
	34. IF SUBJECT INJURED, DESCRIBE INJURY <input checked="" type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None		35. WHERE WAS MEDICAL TREATMENT OBTAINED?							
	36. BY WHOM?				37. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid					
	38. CHARGES PLACED [REDACTED] <input type="checkbox"/> DNA					39. CB NO. [REDACTED]	IR NO. [REDACTED]	<input type="checkbox"/> DNA		
	40. PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT:ASSAULT		ASSAILANT:BATTERY		ASSAILANT:DEADLY FORCE	
	REASON FOR USE OF FORCE <input type="checkbox"/> DNA (Check all that apply)	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>				
		STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	PULLED AWAY <input type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON <input type="checkbox"/>				
OTHER _____		OTHER _____	PERCEIVED AS _____	OTHER _____	OTHER _____					
MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input checked="" type="checkbox"/>					
VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>						
ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>						
WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>	OTHER _____	OTHER _____	OTHER _____					
ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	TASER (Contact Stun) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>							
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (ARC Cycle) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>								
CONTROL INSTRUMENT <input type="checkbox"/>		OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	OTHER _____	OTHER _____	OTHER _____					
LRAD WITH AUTHORIZATION <input type="checkbox"/>	TASER (Spark Displayed) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	OTHER _____	OTHER _____	OTHER _____						
OTHER _____	OTHER _____	OTHER _____	OTHER _____	OTHER _____						
41. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			RANK	STAR NO.	UNIT NO.	42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			45. DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? <input checked="" type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member				
46. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER			47. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		48. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		49. WEATHER CONDITIONS CLEAR			
50. MAKE/MANUFACTURER GLOCK, INC.-AU-			51. MODEL 17		52. BARREL LENGTH 4.49		53. CALIBER/GAUGE 9 MM			
54. TASER DART ID NO. TXV844		55. WEAPON SERIAL NO. (Include Letters) R032704S		56. CHICAGO GUN REG. NO. 96181007		57. IL FIREARM OWNER ID. NO.				
59. SPECIAL WEAPON CERTIFICATE NO.		60. PROPERTY INVENTORY NO.		61. TYPE OF AMMUNITION USED Department Issued		62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1	63. TOTAL NO. OF SHOTS MEMBER FIRED 4			
64. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		66. NO OF CARTRIDGES/SHOT SHELLS RELOADED 0		67. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)				
68. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD				70. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO				
71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE		72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input checked="" type="checkbox"/> 04 OVER 15 FT.								
73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION		74. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)								
									WEAPON DISCHARGE INCIDENT <input type="checkbox"/> DNA EVIDENCE	
									EVIDENCE 75. EVENT NO. 1633000252	
									EVIDENCE 76. R.D. NO. HZ528207	

1633000252**HZ528207**

77. NOTIFICATIONS (ALL INCIDENTS) IMMEDIATE SUPERVISOR DSS OF DISTRICT OF OCCURRENCE

NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): OEMC CPIC

NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): OEMC

Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.

78. ADDITIONAL INFORMATION

WALKED IN THE DIRECTION OF OFFICERS WITH GUN IN HAND IMMEDIATELY AFTER MURDERING A VICTIM.

79. REPORTING MEMBER (Print Name)

PAGE, RICKY L**25-NOV-2016 06:32:25**

STAR/EMPLOYEE NO.

11349

SIGNATURE

Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.

80. REVIEWING SUPERVISOR (Print Name)

BARNETT, THOMAS W

STAR NO.

2102

SIGNATURE

DATE REVIEWED

TIME

25-NOV-2016 06:33:41

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

Offender Deceased

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

U-16-023: Officer Page and James where confronted by an armed subject after on-viewing and active shooter situation. Officer Page was forced to fire his weapon at the subject when all requests for the offender to drop his weapon were ignored. The officers' actions were in compliance with Department Directives relative to use of force.

83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

LOG NO. 1083127 OBTAINED

85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

NAGODE, ALFRED J

86. TRR _____ OF _____ TRR(S)

87. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.

2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE


DATE COMPLETED TIME

25-NOV-2016 06:46:52